

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037115

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274
FILED OCT 7 1963

Primary Registration District No. 3052 Registrar's No. 333

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	SHOULD READ	BY AFFIDAVIT OF
10808				
20808				
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USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Pettis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> c. CITY OR TOWN <u>Sedalia</u> d. STREET ADDRESS (If outside, give location) <u>1915 E. 9th St.</u>	
3. NAME OF DECEASED First <u>CHARLES</u> Middle <u>A.</u> Last <u>RUCKER</u>		4. DATE OF DEATH Month <u>September</u> Day <u>27</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-26-1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bridge & Building Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MoPac Railroad Shops</u>	11. BIRTHPLACE (City and state or country) <u>LaMonte, Missouri</u>
13a. FATHER'S NAME <u>Charles C. Rucker</u>		13b. MOTHER'S MAIDEN NAME <u>Cindy Whitworth</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>		16. SOCIAL SECURITY NO. <u>WNI</u>	
17. INFORMANT <u>Mrs. Tracy Rucker, 1915 E. 9th St., Sedalia</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Tracy Williams Rucker</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic congestive heart failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <u>due to (b) Pleural effusion left chest</u> <u>DUE TO (c) Diabetes</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>8 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>12:05</u> a.m. <u>12:05</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Sedalia, Missouri</u>
21. I attended the deceased from <u>1958</u> to <u>9-29-63</u> and last saw him alive on <u>9-26-63</u> Death occurred at <u>12:05</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>9-27-63</u>	
22a. SIGNATURE <u>D. L. Walter</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Sedalia, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-30-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	23d. LOCATION (City, town, or county) <u>Sedalia, Missouri</u>
24. FUNERAL DIRECTOR <u>D.W. Heckart, Gillespie Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 30, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Francis Shelby</u>

(Licensed Embalmer's Statement on Reverse Side)

FEB 7 1964

OCT 9 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John R. Tamm

Licensed Embalmer No. 5173

P. O. Address Sedalia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.